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| . :   | PATENT 2  | PPLICATI                           | ON SEE OF              | required to sespe | and to a collection | d information      | unless it d        | s, bervictues<br>isplays a valid Ol | AB control e    |  |
|---|---|------------------------------------|------------------------|-------------------|---------------------|--------------------|--------------------|-------------------------------------|-----------------|--|
| Under the Paperiorit. Reduction Act of 1995, no persons are required to responsible PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875. |   |                                    |                        |                   | ION RECOR           | D                  | . 199              | Application of Doctor Hanning       |                 |  |
| ٠. `  | . C. 61   |                                    | •                      | 10-073            | • • • •             | <del></del>        |                    | 7155                                | 125             |  |
| <u></u>   | ·······································                 | LAIMS AS FILED - PART ( (Column 1) |                        | (Calumn 2)        | n 2) SHALL ENTITY   |                    |                    | OTHER THAN                          |                 |  |
| · · · FOR ·   |   |                                    |                        |                   | 7                   | T EVILLA           | ۵<br><del>د-</del> | SKA                                 | IT ENLILLA      |  |
| BASIC FEE   |   | TOTAL NO.                          |                        | MBER EXTRA        | RATE                | FEE                | _] `               | RATE                                | FEE             |  |
| TOTAL CLANES  |   | ·                                  | · ·                    | <u>·</u>          |                     |                    | 04                 |                                     |                 |  |
| DT CFR 1.16(d)  |   | minus 20 =                         |                        | <u> </u>          | xi                  |                    | OF                 | K 6_ =                              | 1 :             |  |
| (37 CFR 1_16(b))  |   | minus 3 z                          |                        |                   | X                   |                    | . OR               | X : =                               | 1               |  |
| AULTIPLE DEP  | ENDENT CLAM   | PRESENT                            | (37 CFR LIKE)          |                   | 1                   |                    | OR                 |                                     | +               |  |
| if the difference in column it is less than zero, enter "O" in column 2.  |   |                                    |                        |                   | _ <del></del>       | -                  | ┦ ~                | · + s · · · =                       | <del></del>     |  |
|   |   |                                    |                        |                   | TOTAL               | L                  | OR                 | TOTAL                               | L               |  |
|   | COMMS A   | · NWEWDE                           | D - PART II            | QUI               | . )                 |                    |                    |                                     |                 |  |
| (Column 1) (Column 2) (Column 3)  |   |                                    |                        |                   | SMALI               | ENTITY             | OR                 |                                     | R THAN          |  |
| -[thi   | CLAII<br>REMAIN   | NENG                               | HUMBER                 | PRESENT           | RATE                | 400A               | 7                  |                                     | ENTITY          |  |
| 2 /31   | AFTE  |                                    | PREVIOUSLY<br>PAID FOR | EXTRA             | ~                   | FIONAL             |                    | RATE                                | ADDI-<br>TIONAL |  |
| 100 Total   | 120   | Minus                              |                        | -                 |                     | <del>  .¶</del> €€ | -                  | <del> </del>                        | FEE             |  |
| Total Card Land   |   | Asinus                             | 123                    | =                 | K1                  | <del> </del>       | → OR               | X S=                                |                 |  |
| PRSTPRE   | SENTATION OF M  | LE TIPLE DEPEN                     | YENT COMM. OR          |                   | X 5=                |                    | OR                 | X 5=                                |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |   |                                    |                        |                   | +5_=                | <u> </u>           | OR                 | +5_=                                |                 |  |
| •   |   |                                    |                        |                   | TOTAL<br>ADD'L FEE  | <u> </u>           | OR                 | TOTAL<br>ADO'L FEE                  |                 |  |
| <del>'</del>  | (Column   |                                    | (Column 2)             | (Column 3)        |                     | _ :                | _                  |                                     | ,.              |  |
|   | REMAIN  | NG                                 | HIGHEST<br>NUMBER      | PRESENT           | RATE                | ADOI-              | ]                  | Flaxe                               |                 |  |
| Total   | AMENDME   | ENT                                | PREVIOUSLY<br>PAID FOR | EXTRA             |                     | TIONAL.            | 1                  | RATE                                | ADDI-<br>TIONAL |  |
| (37 CFR 1,14(c  | <u> </u>  | Minus                              |                        |                   | X 8 =               |                    | 1                  |                                     | FEE             |  |
| (37 CFR 1,160)  | ,   | Minis                              | ***                    | =                 | X 5 . =             |                    | QR                 | × 5                                 |                 |  |
| FIRST PASS  | ومايداني: ٥٥ دين  |                                    |                        | OR                | × s=                |                    |                    |                                     |                 |  |
|   |   |                                    |                        |                   | TOTAL               |                    | OS                 | TOTAL                               |                 |  |
|   |   |                                    |                        |                   | ADO'L FEE           |                    | OR                 | ADD' FEE                            |                 |  |
| Γ   | (Cotumn't   |                                    | (Column 2) HIGHEST     | (Column 3)        |                     | <u> </u>           |                    |                                     |                 |  |
|   | REMAININ<br>AFTER                                       |                                    | NUMBER<br>PREVIOUSLY   | PRESENT<br>EXTRA  | RATE                | ADDI:<br>TIONAL    |                    | RATE                                | ADOI-           |  |
| Total<br>(3) OFR 1, NCcal   | AMENDME   | Minus                              | PAID FOR               | 1                 |                     | FEE                |                    |                                     | TIONAL<br>FEE   |  |
| Independent<br>(37 CFR 1 tiggs  | <del> </del>  | Minus                              |                        |                   | K1                  |                    | OR                 | x s =                               |                 |  |
|   | ــــــــــــــــــــــــــــــــــــــ                  |                                    |                        |                   | K 1                 |                    | OR                 | K \$ =                              |                 |  |
| EMS1 PHESE  | NIATION OF MUL  | TUPLE DEPENDE                      | MI CLAM (3) CF         | R e eGeais        | 1.5=                | 7                  | OR                 |                                     | · · · · ·       |  |
| •   |   |                                    | -                      | •                 | TOTAL<br>ADD'L FEE  |                    | ا. ر               | TOTAL                               | <u> </u>        |  |
| If the entry in   | column 1 is less<br>il Number Previo<br>I Number Previo | than the entry                     | in column 2, write     | O in cotumn 1     |                     |                    | OU                 | ADDITEE                             |                 |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This confection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any continuent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Christian Office. U.S. Patent and Trademan, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.